Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	09/03/2010	Address:	Old Highway 62
Case #:	PO 10-102D		MT VERNOW, IN
County:	Posey		
Type of Laboratory Seizure (check one) Se		Seizure Location (check all that apply)
	onal Lab al/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other;
Items Found: Location (bedroom, kitchen, open sir, etc)			
(check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
☑ Hydrochloric Acid Gas Generator(s): Open Air			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
Yes _	er age 18 discovered (check one) (number present) port to Child Protective Services	☐ Ephedrin ☐ Retail/Me	e Information c/Pseudoephedrine Tracking Log erchant Tip
This repor	t is to be faxed to the following agen	cies that serve the k	ocation:
Fire Depart	ment: Mt Vernon City Fire Dept	Fax: <u>E-M</u> A	
Health Dep	artment: Posey County Health Dept	Fax: <u>E-MA</u> Fax: <u>E-M</u> A	
Child Prote	ction Service: <u>N/A</u>	. ant <u>17.3(c)</u>	<u></u>
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>J.Fortune</u> Phone <u>812-838-8675</u>			

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.